

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026929
STATE FILE NUMBER

FILED AUG 1 1958

318

1003

Registrar's No. 7244

Registration District No.

Primary Registration District No.

300 0
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>Wentzeville</u> <u>0920</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>231 W. 4th St.</u>	
3. NAME OF DECEASED (Type or print) <u>Mrs. VIRGINIA LEE FARR</u>		4. DATE OF DEATH <u>JULY 22, 1958</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 11, 1926</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Lubbock, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Elmer Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>(unknown) Clevenger</u>	
14. NAME OF HUSBAND OR WIFE <u>William H. Farr</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>460-34-4079</u>		17. INFORMANT <u>Mr. William H. Farr</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ECLAMPSIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PREGNANCY, UTERINE, UNDELIVERED</u> DUE TO (c) <u>642.3</u>		INSET BETWEEN ONSET AND DEATH <u>16 HOURS</u> <u>22-25 WEEKS</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See attached</u> <u>7-23-58</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>JULY 22, 1958</u> to <u>JULY 22, 1958</u> and last saw her alive on <u>JULY 22, 1958</u> Death occurred at <u>3:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>C. P. Vermillion, M.D.</u>	
22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>7/23/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 23, '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grassland Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Grassland, Texas</u>
24. FUNERAL DIRECTOR <u>Alexander & Sons, 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 23 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>m&b</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: Must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

LUBBOCK

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Joe E. McCallon

Licensed Embalmer No. 2460

P. O. Address 4170 D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.